

| | | | | | | | |
|--|-------------|----------------------------------|------------------------------------|---------------|--|-----------|-------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 | | | | | Application or Docket Number <u>10/001477</u> | | |
| CLAIMS AS FILED - PART I | | | | | | | |
| (Column 1) | | | (Column 2) | | SMALL ENTITY TYPE | | |
| TOTAL CLAIMS | | | | | OTHER THAN SMALL ENTITY | | |
| FOR | | NUMBER FILED | NUMBER EXTRA | | | RATE | FEES |
| TOTAL CHARGEABLE CLAIMS | | 20 minus 20 = | - | | | BASIC FEE | 385.00 |
| INDEPENDENT CLAIMS | | 3 minus 3 = | - | | | XS 9= | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | X43= | | |
| | | | | | +145= | | |
| | | | | | TOTAL | | <u>240</u> |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | OR | | |
| CLAIMS AS AMENDED - PART II | | | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
| (Column 1) | | | (Column 2) | (Column 3) | OR | | |
| AMENDMENT A | 2/25/03 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDITIONAL FEE |
| | Total | 20 | Minus | 20 | XS 9= | | X\$18= |
| | Independent | 3 | Minus | 3 | X43= | | X86= |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | | +290= |
| | | | | | TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |
| AMENDMENT B | 20 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDITIONAL FEE |
| | Total | 20 | Minus | 20 | XS 9= | | X\$18= |
| | Independent | 3 | Minus | 3 | X43= | | X86= |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | | +290= |
| | | | | | TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |
| AMENDMENT C | 20 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDITIONAL FEE |
| | Total | 20 | Minus | 20 | XS 9= | | X\$18= |
| | Independent | 3 | Minus | 3 | X43= | | X86= |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | | +290= |
| | | | | | TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy